

LICENSED OFFICE: (CREDITOR)

**American General
Finance, Inc.**

A Subsidiary of American General Corporation

**FEDERAL
DISCLOSURE
STATEMENT**

AMERICAN GENERAL FINANCE, INC.
1959 OPELIKA ROAD
AUBURN, AL

ALABAMA - 36830

Account Number

1207031

BORROWER(S) (NAMES & ADDRESS)

POOL, WILLIE L, JAMES E
RT 2 BOX 611
NOTASULGA, AL, 36866

Date of Loan	First Payment Due Date	Other Payments Due on Same Day of Each Month	Final Payment Due Date	<input checked="" type="checkbox"/> Amount of First Payment <input type="checkbox"/> Amount of Balloon Payment	Amount of Other Payments	<input type="checkbox"/> Total Number of Payments <input checked="" type="checkbox"/> Term of Loan
06/15/90	07/25/90		06/25/93	167.57	141.85	36

1. \$ 3474.10 Amount Financed
2. \$ 1658.22 FINANCE CHARGE
3. 27.00% ANNUAL PERCENTAGE RATE
4. \$ 5132.32 Total of Payments

AMOUNT FINANCED is the amount of credit provided to you or on your behalf. (Line 1 above)

FINANCE CHARGE is the dollar amount the credit will cost you. (Line 2 above)

ANNUAL PERCENTAGE RATE is the cost of your credit as a yearly rate. (Line 3 above)

TOTAL OF PAYMENTS is the amount you will have paid after you have made all payments as scheduled. (Line 4 above)

VARIABLE RATE: ☐ If checked, your loan contains a variable rate feature. Disclosures about the variable rate feature have been provided to you earlier.

LATE CHARGE: If a payment is more than 10 days late, you will be charged 5% of the late amount, not to exceed \$100.00 and not less than \$.50. (Does not apply to interest bearing loans.)

PREPAYMENT: If you pay off early, you

- ☐ may ☒ will not have to pay a penalty.
☒ may ☐ will not be entitled to a refund of part of the finance charge.

SECURITY

You are giving a security interest in:

- ☐ The goods or property being purchased
☒ Motor vehicle 1 1980 Toyota Celica GT VIN JT2RA44L5B6609044;
☒ Other 1 Camera; 1 Firearm; 1 Television(Second);

☐ You are giving a security interest in your real estate located at:☐ The previous Mortgage or Deed of Trust is being retained as security on your loan.

ASSUMPTION: Someone buying your house may not assume the remainder of the mortgage on the original terms.

Collateral securing other loans with us may also secure this loan.

INSURANCE: Credit life insurance and credit disability insurance are not required to obtain credit and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Signature
Single Credit Life	\$ N/A	I want credit life insurance. Signature: _____
Joint Credit Life	\$ N/A	We want credit life insurance. Signatures: (1) _____ (2) _____
Single Credit Life & Single Disability	\$ 347.24	I want credit life and disability insurance. Signature: <i>Willie Pool</i>
Joint Credit Life & Single Disability on Borrower on line (1)	\$ N/A	We want credit life and disability insurance. Signatures: (1) _____ (2) _____

EXHIBIT

tabbies

A (1)

AUB.4950.0292

CREDIT INSURANCE (LIFE AND DISABILITY) CANCELLATION OPTION

CANCELLATION: If you desire to do so you may, without penalty or obligation, within fifteen days from the date set forth above, cancel, all but not part of, the credit insurance coverages by returning all credit insurance certificates received in connection with this loan to the office where the loan was made. Upon cancellation, a full cash refund of all credit insurance premiums will be made.

You may obtain property insurance from anyone you want or provide it through an existing policy, provided the insurance company is acceptable to the creditor and the amount financed and value of the property exceeds \$300. If you get property insurance from or through the creditor, it will be for a term of 36 months and you will pay \$ 60.00.

You may obtain physical damage insurance from anyone you want or provide it through an existing policy, provided the insurance company is acceptable to the creditor and the amount financed and value of the property exceeds \$300. If you get physical damage insurance from or through the creditor, it will be for a term of N/A months and you will pay \$ N/A.

See your contract documents for any additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

I/we have received a copy of this Federal Disclosure Statement.

<u>William L. Pool</u>	<u>6-15-90</u>
(1) First Named Borrower	Date
<u>James E. Pool</u>	<u>6-15-90</u>
(2) Second Named Borrower (If Applicable)	Date

AGENT: Kathie Moore RowellADDRESS: 1959 Opelika Rd, Auburn, AL 36830

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AND DISCLOSURE TO APPLICANTS FOR SINGLE PREMIUM
TERM LIFE INSURANCE**

The below listed insurance coverage is offered as OPTIONAL, VOLUNTARY insurance as a service to you. Some of the features of the offered insurance are described below, but any insurance which you elect to purchase pursuant to this offer will be evidenced by an insurance policy to be issued to you and would be subject to the provisions of such instrument.

TOTAL SINGLE PREMIUM: \$ 114.00TYPE OF COVERAGE: Single Premium Convertible Level Term Insurance - Plus Accidental Death Benefit Non-ParticipatingGUARANTEED DEATH BENEFIT DURING TERM OF COVERAGE: \$ 5000.00

* (or twice this amount if death caused by accidental bodily injury)

TERM OF COVERAGE: 36 monthsAPPLICANT: James E Pool (Insured)INSURER: Protective Life Insurance CompanyLENDER: American General Finance

Any check from the lender payable solely to the insured in the amount of the single premium for the above insurance and from the proceeds of any loan transaction must be endorsed by the insured for the lender to utilize the check for payment of the insurance premium.

I UNDERSTAND AND/OR ACKNOWLEDGE THAT:

1. PURCHASE OF THIS INSURANCE IS NOT REQUIRED AS A CONDITION OF ANY LOAN — SAID PURCHASE BEING ENTIRELY VOLUNTARY AND NOT CONNECTED WITH ANY LOAN.
2. ANY CLAIMS MADE UNDER THIS INSURANCE WILL BE PAID TO THE BENEFICIARY OF THE INSURED AS DESIGNATED BY THE INSURED. CLAIM PROCEEDS WILL NOT BE PAID TO THE LENDER.
3. THIS INSURANCE DOES NOT SECURE A LOAN AND IS NOT CREDIT LIFE INSURANCE.
4. I HAVE RECEIVED A COMPLETED COPY OF THIS NOTICE AND DISCLOSURE AND THE INSURANCE POLICY.

8-15-90

Date

James E. Pool

Applicant/Proposed Insured

If you are not satisfied with your policy, you may return it to the company within 15 days of the above date for full refund of premium.

SPT-37

OFFICE COPY

T 25368

P
PROTECTIVE LIFE
 INSURANCE COMPANY

BRANCH COPY

HOME OFFICE • P.O. BOX 2606 • BIRMINGHAM, ALABAMA 35202

APPLICATION FOR LIFE INSURANCE

MR. <input checked="" type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/>	AGE	HEIGHT	WEIGHT
NAME: <u>James E Pool</u>			
ADDRESS: <u>Rt 2 Box 611</u>	PROTECTIVE LIFE INSURANCE COMPANY		
CITY: <u>Notasulga</u> STATE: <u>AL</u> ZIP: <u>36866</u>		<u>5'7"</u>	<u>160</u>

INSURANCE APPLIED FOR: Single Premium Convertible Term for the amount of Basic Coverage checked below plus additional accidental death benefit for an equal amount.

BASIC COVERAGE Check Amount	Age	BASIC COVERAGE Check Amount	TERM PERIOD	SINGLE PREMIUM FOR ONE YEAR	SINGLE PREMIUM FOR TERM PERIOD
<input checked="" type="checkbox"/> \$5,000	18 - 30	<input type="checkbox"/> \$10,000	1 Year <input type="checkbox"/>		
<input type="checkbox"/> \$5,000	31 - 40	<input type="checkbox"/> \$10,000	2 Year <input type="checkbox"/>		
<input type="checkbox"/> \$5,000	41 - 45	<input type="checkbox"/> \$10,000	3 Year <input type="checkbox"/>		
<input type="checkbox"/> \$3,000	46 - 50	<input type="checkbox"/> \$6,000	4 Year <input type="checkbox"/>	<u>\$ 38.00</u>	<u>\$ 114.00</u>
<input type="checkbox"/> \$2,000	51 - 55	<input type="checkbox"/> \$ 4,000	5 Year <input type="checkbox"/>		
<input type="checkbox"/> \$1,000	56 - 60	<input type="checkbox"/> \$ 2,000			

Do you plan to discontinue or change any other life insurance upon issuance of this Policy? Yes ☐ No ☒ If "yes," complete statement of understanding.BENEFICIARY—Your spouse, if living; otherwise your surviving child or children, if any, equally; otherwise your estate. Should you require a different beneficiary arrangement, please indicate here: (Full Name) William E. Pool Relationship SpouseHave you ever been treated for cancer, heart disease, or high blood pressure? Yes ☐ No ☒Have you been treated, diagnosed, tested or received advice for Acquired Immune Deficiency Syndrome (AIDS), "AIDS" related complex (ARC), or "AIDS" related conditions? Yes ☐ No ☒

If "yes," give details as to physician, treatment, dates and results: _____

THE UNDERSIGNED AGREES that the above statements are complete and true, and does hereby authorize any physician, clinic, sanitarium, hospital, insurance company or other organization, institution or person, to give to Protective Life Insurance Company, any information including their conclusions with regard to my medical condition when I was under their observation or treatment.

DATE 4/15/90WITNESS/AGENT William E. PoolAPPLICANT James E. Pool**USE TYPEWRITER ONLY BELOW THIS LINE**

POLICY SCHEDULE NAME AND ADDRESS OF INSURED: <u>James E Pool</u> <u>Rt 2 Box 611</u> <u>Notasulga, AL 36866</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">POLICY NUMBER 429-08-8142</td> <td colspan="2">DATE OF ISSUE 06/15/90</td> </tr> <tr> <td>TOTAL PREMIUM 114.00</td> <td>TERM 36 months</td> <td colspan="2">FACE AMOUNT 5000.00</td> </tr> <tr> <td>ISSUE AGE 25</td> <td>CO. CODE 01 2750</td> <td colspan="2">AGT. CODE 1702</td> </tr> </table>	POLICY NUMBER 429-08-8142		DATE OF ISSUE 06/15/90		TOTAL PREMIUM 114.00	TERM 36 months	FACE AMOUNT 5000.00		ISSUE AGE 25	CO. CODE 01 2750	AGT. CODE 1702	
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TOTAL PREMIUM 114.00	TERM 36 months	FACE AMOUNT 5000.00											
ISSUE AGE 25	CO. CODE 01 2750	AGT. CODE 1702											
BENEFICIARY—Insured's spouse, if living; otherwise Insured's surviving child or children, if any, equally; otherwise Insured's estate. If different beneficiary arrangement required by Insured as shown above, the beneficiary shall be: (Full Name) _____ Relationship _____													

Form SPT-22

AUB.4950.0295